2013 Goals-May Update

Governance
Development and Execution of Relevant Agreements

- New QO's (1-BCBSM signed), 9 total QO's
- New VQOs (CareBridge, PCE, MHIN)
- New Use Case Agreements developed (6), executed (2):
  - Developed: HPD (3), DIRECT, MTM, Receive Syndromics
  - Signed: Immunizations, Admit-Discharge-Transfer (ADT)

Technology and Implementation Road Map Goals

- MOAC – Draft Privacy Working Group initiated
- Federated Identity Management Hub Pilot plan completed
- MiWAY Consumer Directory plan completed
- Other technology project status - All green

QO & VQO Data Sharing

- Syndromics, Reportable Labs, **Immunization Query** began
- ADT - Beaumont feed to BCBSM continues; BCBSM/DMC preparing; TOC service to be ready by end of June
- MiHIN crossed 2 million message mark
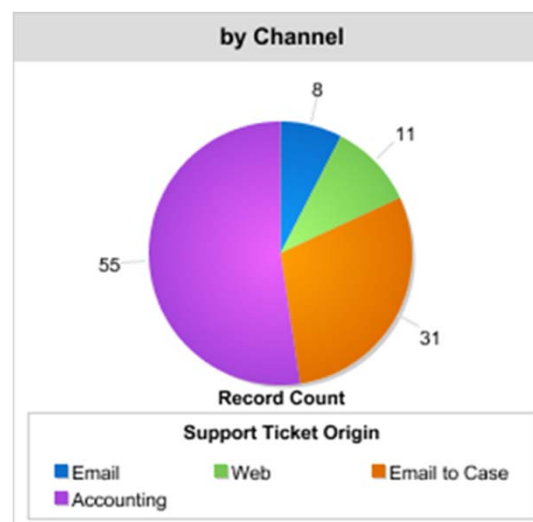- Assisting QO's with interstate connectivity

MiHIN Shared Services Utilization

- Shared Legal Services – BAA final rule templates available
- CCD gateway testing /HealthEWay onboarding continues
- Privacy & Consent Management meeting with QOs and stakeholders – Privacy White Paper initiated
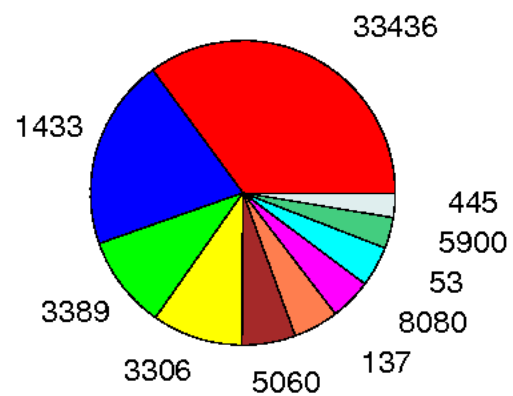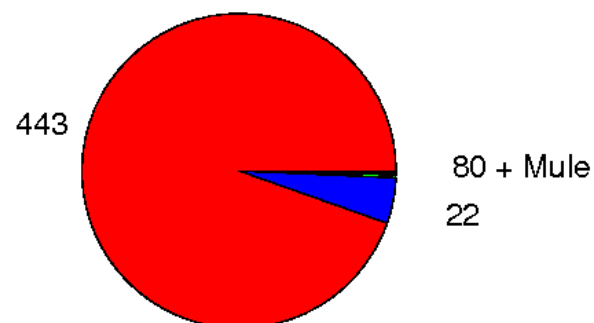
Tickets Created by Type

Monthly Trending
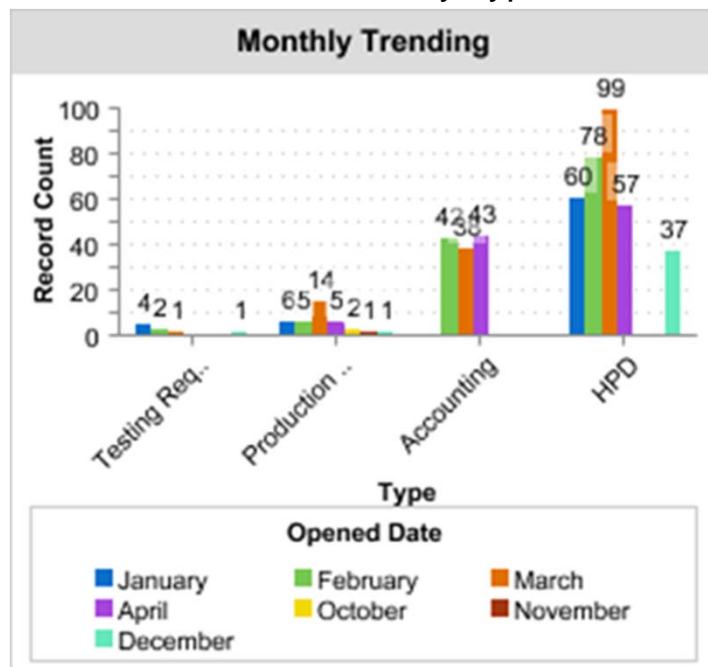
Open Tickets MTD

Distribution of Denied Connections

Distribution of Accepted Connections

MiHIN Monday Metrics (3M) Report

MiHIN production metrics for 4/22/13	this week	last week
production messages since May 8, 2012	**1821798**	**1608175**
immunizations messages to MCIR	249045	231907
ADT -payers	1133217	938239
ADT-other	37305	35798
ADT-syndromics		
new messages since Sunday, April 21	**213623**	**209529**
immunizations messages to MCIR	17138	14207
ADT-payers	194978	193823
ADT-other	1507	1499
ADT-syndromics		
new sources this week	**1**	**0**

MiHIN weekly help desk summary:	
known issues	0
Production errors	0
Qualified Organization support	0
on-boarding and testing related	10
accounting	25
other	0
total	35

MiHIN security metrics:

	this week	last week
number of accepted incoming connections	26288	21904
number of denied incoming connection attempts	76142	76519
number of ICMP* attempts denied	166	160
most frequently attacked port	33436	33436

* ICMP - e.g. Ping or Traceroute types of tests to access via unprotected ports

** Attacks on port 33437 are likely attempts at seeking compromised systems

MiHIN on-boarding summary:

	This Week	Last Week
sources in full Production*	173	173
sources sending live HL7 data to MCIR	257	257
sources in Test/Quality Assurance	168	150
Qualified Orgs - signed QDSOA	9	9
Qualified Orgs - in MiHIN Production	3	3
Qualified Orgs - in MiHIN Testing	4	4
Qualified Orgs - pending QDSOA	2	3
virtual Qualified Orgs -signed vQOA	3	3
virtual Qualified Orgs - pending vQOA	2	2

*Production is defined as a provider sending messages via a QO and MiHIN to a PH system.

*NOTE: Production is defined as a provider source using MiHIN to send messages through Qualified Organization to a Production Public Health System

Use Case Status:

Use Case	Next Action	Status
immunization reporting (VXU)		in production via MiHIN
UCA status: GLHIE-FE, Ingenium-NS, JCMR-NS, MHC-FE, SEMHIE-NS, UPHIE-FE,SEMBC-PR		
reportable labs (ELR)		in production via MiHIN
UCA status: GLHIE-FE, Ingenium-NS, JCMR-NS, MHC-FE, SEMHIE-NS, UPHIE-FE,SEMBC-PR		
immunization query	4/23/2013	requirements review
UCA status: use case in requirements review		
ADT-syndromics	4/25/2013	build in progress
UCA status: use case agreement approved by MOAC UC WG		
state lab results	3/25/2013	requirements (review new scope)
UCA status: use case in requirements gathering		
ADT-other		in production via MiHIN
UCA status: CB-FE, MHC-FE, JCMR-PR		

NS=not signed, **PR**=pending review, **PE**=Partially executed, **FE**=fully executed

Connecting Michigan for Health 2013
June 5-7, Radisson Lansing at the Capital

- Up to 200 thought leaders in HIT from around Michigan and the U.S. will participate in presentations and panels featuring HIT and HIE experts to foster dialog to continue advancing the quality of health care for Michigan residents.

- For more information contact ConnectingMI.org

June 5th: HIE and HIT in Michigan and Nationwide

June 6th : Fast Track overview of current events, policy and legislation in Healthcare

June 7th : Technical Tutorials, workshops, discussions and breakout sessions focused on IHE, XDS, and CDA

May 2013 Focus

MDCH Data Hub efforts for May are to produce the HIT IAPD Update to reflect projects/cost projections for FY14/FY15 which are due in June.

MDCH Data Hub

Production
Updates

- **MSSS** – Receive Syndromic Data – Revised Implementation date from May to June 2013

Technology
Development/Implementation

- **MITA SS-A** – The Medicaid Information Technology Architecture State Self- Assessment kicked off in May. The CMS mandated project is to gather information on the Medicaid Enterprise Business Processes and the Information (data) and Technology that supports these processes, demonstrating the 'As Is' current state as well as any plans to change the process – its 'To Be' state.   HIE impacts on the 80 business processes will also be documented.

May 2013 Focus

MDCH Data Hub efforts for May are to produce the HIT IAPD Update to reflect projects/cost projections for FY14/FY15 which are due in June.

MDCH Data Hub

Technology
Infrastructure Development

- **Query** – The MDCH Data Hub and MCIR Teams have compiled a draft project plan and pilot implementation schedule. A technical meeting is planned for early June between MiHIN, MDCH Data Hub and DTMB technical support to review the requirements and technical implementation needs for implementation. Draft schedule will be amended as needed following the meeting.

Meaningful Use
Cancer Registry Message

- **Cancer Registry** – In early May, the MDCH Data Hub Team met with the Cancer Registry Business Owner and staff to discuss work needed to establish two new HL7 messages: Use Case *Receive Pathology Lab Information for Registry*, and Use Case *Receive Ambulatory Provider Cancer Event Report for Registry.* Project plans are being drafted to begin work in June.
- **Chronic Disease Registry** - Also beginning is the first HL7 message being developed for the Chronic Disease Registry, Use Case *Receive Birth Defects Information*. No standard exists for this message. It is anticipated that the Cancer Registry message work will be able to be leveraged for the development of this message.

Current Participation Year (PY) Goals-May 2013

	Reporting Status	Prior Number of Incentives Paid	Current Number of Incentives Paid	Current PY Goal Number of Incentive Payments	Current PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU	868	980	1,289	$20,449,601
	MU	261	372	586	$3,136,503
Eligible Hospital (EHs)	AIU	2	2	20	$1,000,050
	MU	7	7	43	$2,786,000

Cumulative Incentives for EHR Incentive Program 2011 to Present		
	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	2,466	$134,494,377
MU	524	$34,073,017

Key: AIU= Adopt, Implement or Upgrade   MU= Meaningful Use

2013 Goals-May Update

	Number of MI Providers	Average Number of Providers (Across RECs Nationwide)	% to Michigan Goal	Average % to Goal (across RECs Nationwide)
Milestone 1 Recruitment: Number of Eligible Providers enrolled into the M-CEITA program	3,724 (+)	2,148(+)	100% (+)	100 % (+)
Milestone 2 EHR Go-Live: Number of Providers that have gone live with an EHR within their organization	3,331	1,804	89%	84%
Milestone 3 Meaningful Use Attestation: Number of Providers that have attested for Meaningful Use	1,748	911	47%	42%

2013 Goals-May Update

Clinical Transformation (CT):

Plan, implement, evaluate EHR/HIT/HIE-enabled clinical interventions across health care delivery sites with an emphasis on care coordination.

- Activities include: 46 practice sites (36 min required), 117 PCPs, 16,291 diabetic patients (4000 min required), 178,353 total patients affiliated with Beacon practices for CT intervention engaged to date.
- Continue Patient Health Navigator (PHN) penetration: Current numbers: 3,787+ (2400 min required) patients referred, 1569 engaged. 2013 Goal: 4500+ referred and 1900+ engaged.
- Emergency Department Initiative: 18,651 patients screened to date; goal through 9/13 = 22,775. Goal for Q1 2013: 1350 patients/month
- Continue to expand HIT/HIE-enabled CT beyond diabetic patient population and beyond current Beacon practices through BeaconLink2Health

Information/Technology Exchange:

Plan, implement, evaluate HIE deployment with an emphasis on care coordination toward quality improvement, better population health at lower cost.

- HIE OnBoarding: Build critical mass within BeaconLink2Health (BL2H) as defined.
- Piloting EHR/HIE Integration with 23 practice sites/71 physicians which includes all FQHCs in Wayne County.
- Q2: Begin leveraging community-level XDS.b clinical data repository for population health management.
- Drive community toward the ONC 60% Meaningful Use goal.
- MiHIN pilots: Quarters Two-Four –MCIR pilots in discussion (ADT/Reportable labs.)
- Privacy and Security: Ongoing OCR HIPAA Compliance/Risk Assessment Readiness, including staff training.

2013 Goals-May Update

Evaluation & Measurement :

Provide quarterly qualitative and quantitative data reporting to ONC for evaluation and measurement, and for PDSA cycles across interventions.

- Work with Beacon central to begin leveraging BL2H for data pulls (Pull data out of HIE for Pilot Practices.) Comparison of proportions between practice reported and HIE reported data (as HIE data are made available)
- Continue ongoing ONC reporting activities including: reporting health system, payer and provider submitted data quarterly, analyzing provider and patient surveys
- Assess for 5% improvement for high impact clinical measures compared to baselines (see attached.)

Communications & Outreach:

Brand Beacon through regular communications with key stakeholders.

- Participate in dissemination activities with ONC and other Beacon Communities.
- Publish Quarterly Beacon Spotlight Newsletters.
- Support the launch of BeaconLink2Health.
- Txt4health evaluation in progress; scheduled for completion by the end of April.
- Multiple collaborative writing/publishing activities underway with other Beacon Communities.
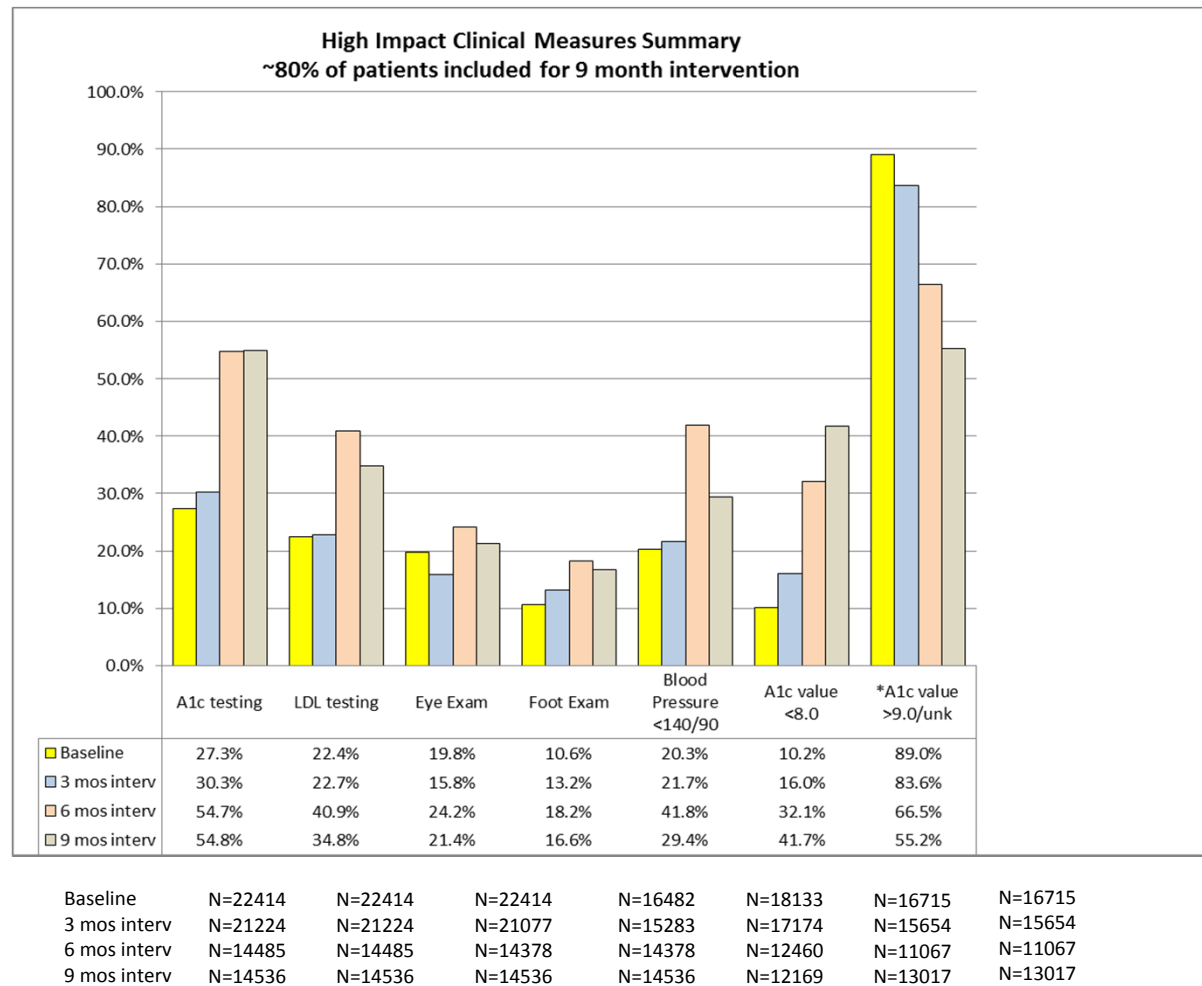
Scalability, Sustainability & Research:

Develop financial sustainability model including plan for scalability. Pursue funding opportunities as appropriate.

- Implement scalability plan and sustainability strategies.
- Plan for future payment reform opportunities.
- Continue to identify and pursue funding opportunities.

5/16/2013

Southeast Michigan Beacon Community Dashboard
Quarterly High Impact Clinical Measures

High Impact Clinical Measures Summary
~80% of patients included for 9 month intervention

	A1c testing	LDL testing	Eye Exam	Foot Exam	Blood Pressure <140/90	A1c value <8.0	*A1c value >9.0/unk
Baseline	27.3%	22.4%	19.8%	10.6%	20.3%	10.2%	89.0%
3 mos interv	30.3%	22.7%	15.8%	13.2%	21.7%	16.0%	83.6%
6 mos interv	54.7%	40.9%	24.2%	18.2%	41.8%	32.1%	66.5%
9 mos interv	54.8%	34.8%	21.4%	16.6%	29.4%	41.7%	55.2%

Baseline	N=22414	N=22414	N=22414	N=16482	N=18133	N=16715	N=16715
3 mos interv	N=21224	N=21224	N=21077	N=15283	N=17174	N=15654	N=15654
6 mos interv	N=14485	N=14485	N=14378	N=14378	N=12460	N=11067	N=11067
9 mos interv	N=14536	N=14536	N=14536	N=14536	N=12169	N=13017	N=13017

*Proportions reflect care documented in physician practice EHR/Registries. Per HEDIS specifications, patients not meeting numerator criteria and patients missing clinical values are categorized as non-compliant for the measure.

State Health Information Exchange Program
The Office of the National Coordinator for Health Information Technology

State HIE Program Measures Dashboard

State HIE Implementation Status:

View the implementation status of directed exchange and query-based exchange in each state

Directed Exchange Adoption:

View the number of organizations and clinical/administrative staff enabled for directed exchange in each state

Active Directed Exchange by Organization Type:

View the types of organizations actively participating in directed exchange in each state

Directed Exchange Transactions:

View the total number of directed exchange transactions by organization type in each state

Query-Based Exchange Adoption:

View the number of organizations and clinical/administrative staff enabled for query-based exchange in each state

Active Query-Based Exchange by Organization Type:

View the types of organizations actively participating in query-based exchange in each state

Query-Based Exchange Transactions:

View the total number of patient record queries by organization type in each state

http://statehieresources.org/program-measures-dashboard/

Figure 1. Combined Exchange Implementation Status (Q1 2013)

The figure below shows the combined availability of exchange mechanisms in each state during the quarterly reporting period. To view these statuses, and other important information—such as plan model, funding award amount, grantee recognition program milestones, and bright spots highlights—click each state and a pop-up will appear.

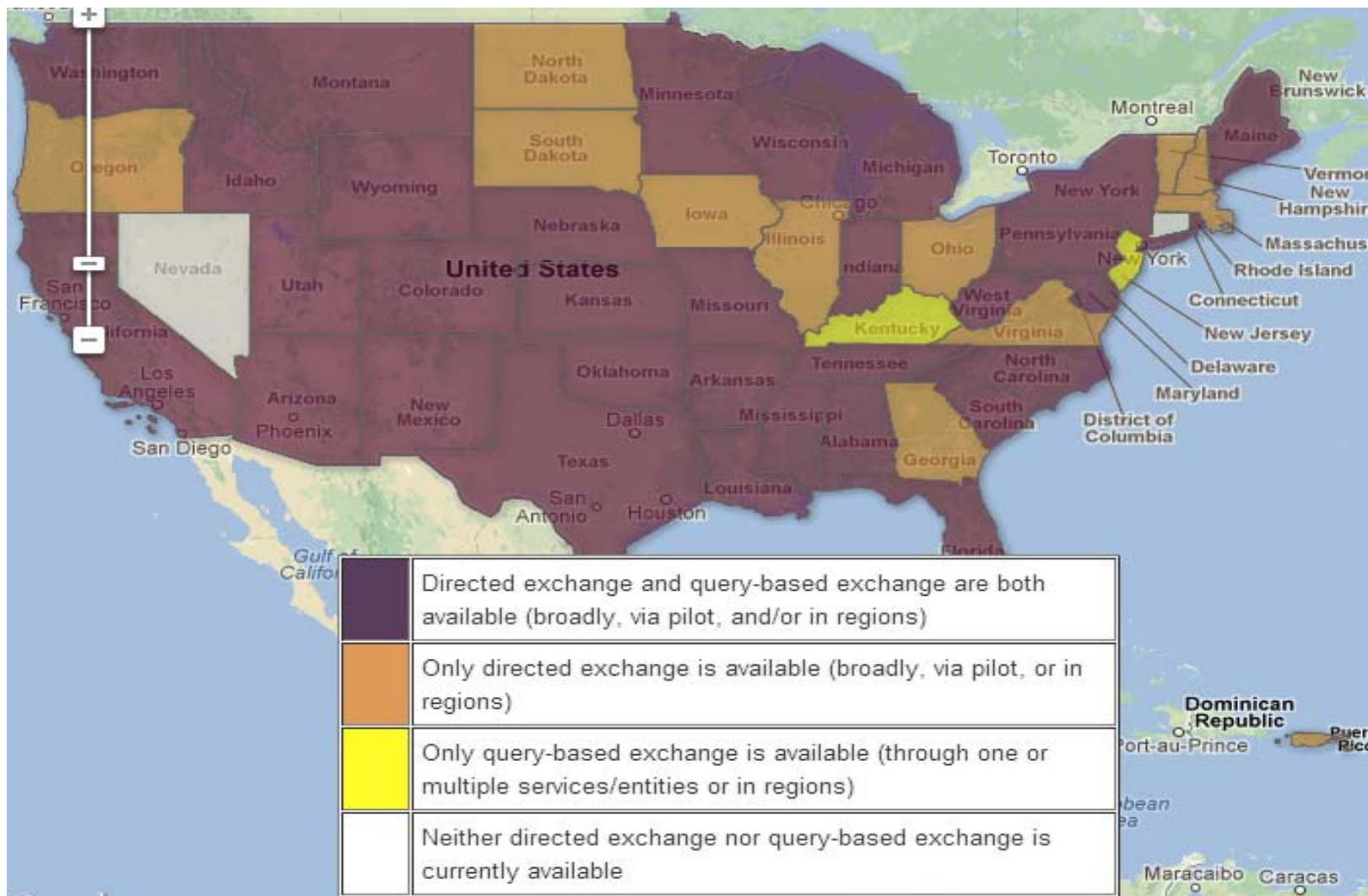|	
	Directed exchange and query-based exchange are both available (broadly, via pilot, and/or in regions)
	Only directed exchange is available (broadly, via pilot, or in regions)
	Only query-based exchange is available (through one or multiple services/entities or in regions)
	Neither directed exchange nor query-based exchange is currently available

Figure 2. Directed Exchange Implementation Status (Q1 2013)

The figure below shows each state's directed exchange implementation status, directed exchange implementation approach, and vendor(s) associated with State HIE grantee-funded or supported/enabled mechanisms during the quarterly reporting period. To access this information, click each state and a pop-up will appear.
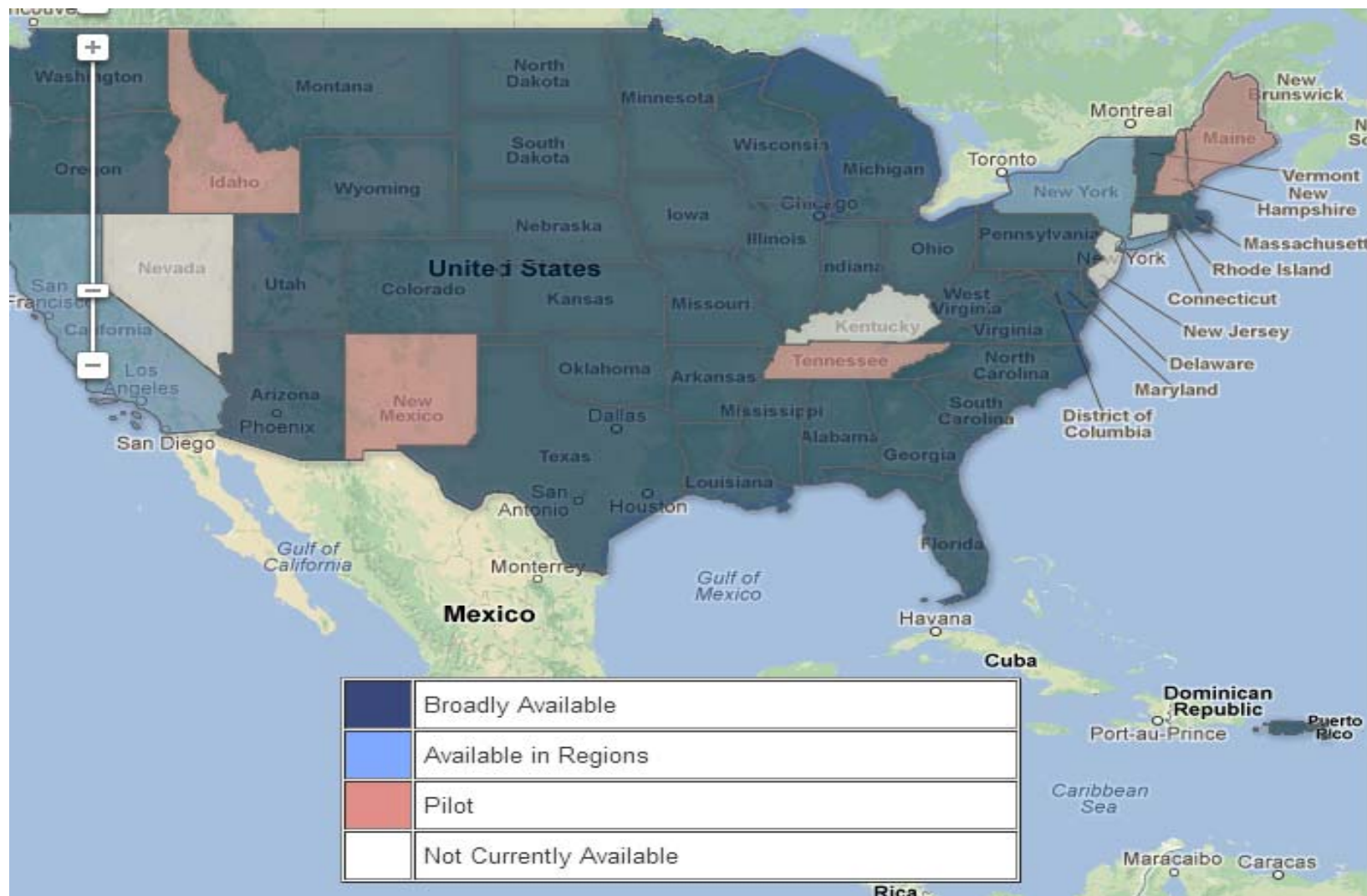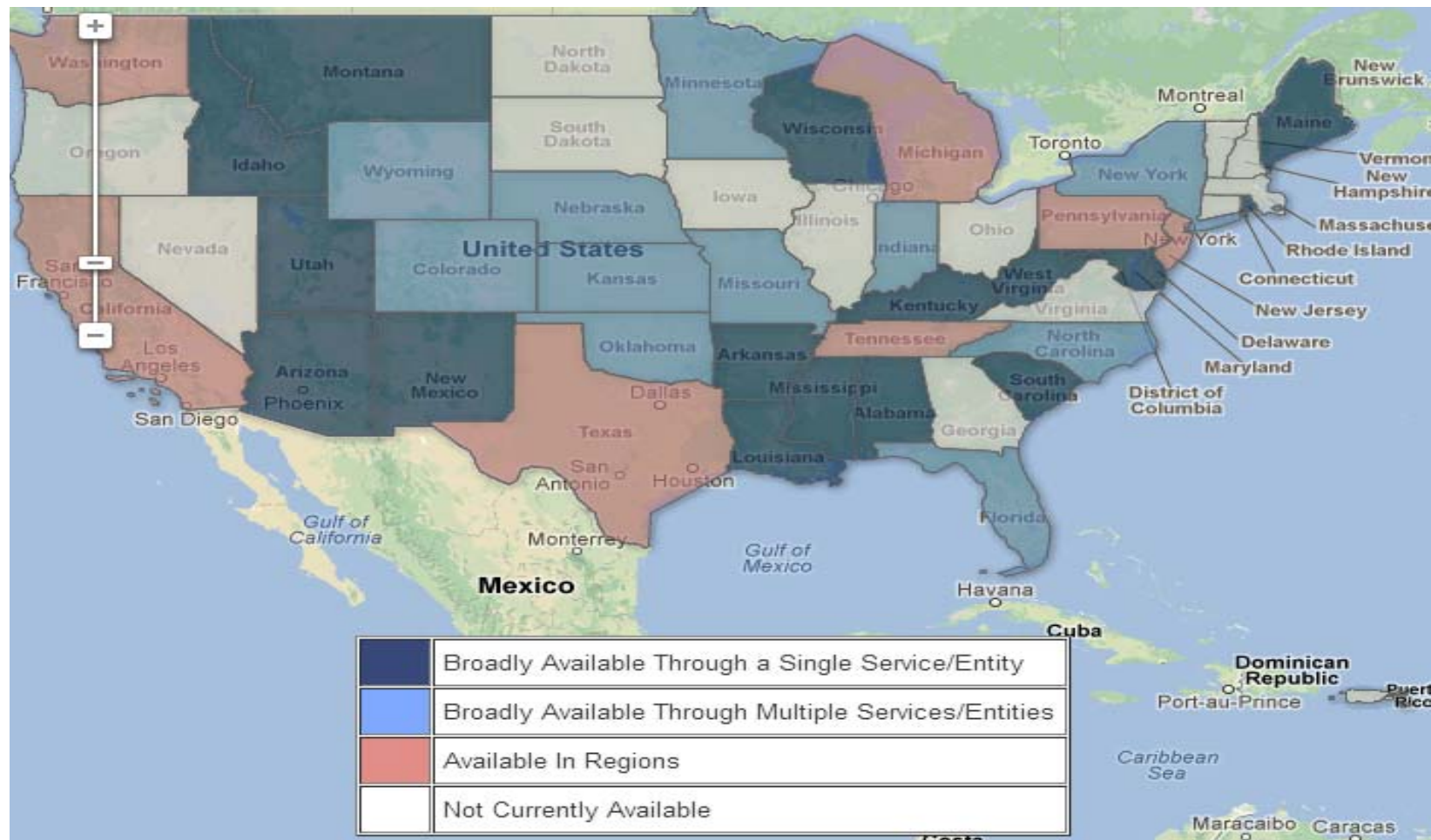
Figure 2A. Query-Based Exchange Implementation Status (Q1 2013)

The figure below shows each state's query-based exchange implementation status, HIOs/HIE entities participating, and vendor(s) during the quarterly reporting period. Data include operational options that exist and that providers can subscribe to. Options accounted for may include those not directly funded or supported by State HIE grantees. Query-based exchange implementation maps are the only dashboard components that may include non-grantee funded or supported/enabled options. To access this information, click each state and a pop-up will appear.

■	Broadly Available Through a Single Service/Entity
■	Broadly Available Through Multiple Services/Entities
■	Available In Regions
□	Not Currently Available

Helpful Definitions

[1]**Directed exchange**: Point-to-point secure communication supported by the Direct Project specifications or other industry approaches to secure messaging.

[2]**Directed transaction**: Any secure message exchange between two distinct production (non-test) end points through State HIE grantee-funded or supported/enabled mechanisms (HIOs, HISPs, etc.).

[3]**Acute care hospitals**: Hospitals that provide inpatient medical care and other related services for surgery, acute medical conditions or injuries.

[4]**Ambulatory entities**: Entities/organizations that provide outpatient services, including community health centers, independent and group practices, cancer treatment centers, dialysis centers, etc.

[5]**Laboratories**: Non-hospital clinical laboratories.

[6]**Public health entities**: State, county, and/or municipal public health agencies/departments.

http://statehieresources.org/program-measures-dashboard/directed-exchange-transactions/